## N7000001308

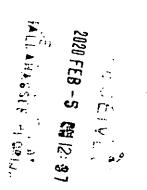
(Requestor's Name)					
(Address)					
(Ad	ldress)				
(Cit	ty/State/Zip/Phon	e #)			
PICK-UP	MAIT	MAIL			
(Bu	siness Entity Nar	me)			
(Document Number)					
Certified Copies	Certificate	s of Status			
Special Instructions to Filing Officer:					
	_				

Office Use Only

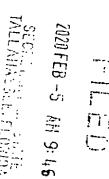


400338333084

02/05/20--01008--003 \*\*78.75



K Brumbley



## **COVER LETTER**

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: FWC OFFICERS ASSOCIATION, INC.

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

□ \$70.00 Filing Fee ■ \$78.75
Filing Fee &
Certificate of
Status

□\$78.75 Filing Fee

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

& Certified Copy

□ \$87.50

Filing Fee, Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FROM:	CHARLES E. BOYD, III				
	Name (Printed or typed)				
	620 SOUTH MERIDIAN STREET				
	Address				
	TALLAHASSEE, FLORIDA 32399				
	City, State & Zip				
	850-509-3744				
	Daytime Telephone number				
	fwcleoassociation@gmail.com				
ļ	E-mail address: (to be used for future annual report notification)				

NOTE: Please provide the original and one copy of the articles.

## ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

The name of t	he corporation shall be:	S ASSOCIATION, IN			
<u>ARTICLE II</u> 620	PRINCIPAL OFFICE  Principal street address: SOUTH MERIDIAN STREET	POST	Mailing address, if different is: FOFFICE BOX 3112		
TA	LAHASSEE, FLORIDA 32399	TALI	LAHASSEE, FLORIDA 32315	_	<del></del>
The purpose of fish and w	I PURPOSE  for which the corporation is organized is:  ildlife laws in the State of Florida with organized with organized is:	ther persons interested		ldlife. T	
	a just pride in their work, by promoting a				
	and citizens of the state of Florida, to adv				
relationships	between members and the department du	uring and after retirem	ent, provide comfort and assistance to m	embers a	and their
families in th	te time of need, to provide individual ben	efits for the members,	to support legislative and retirement ma	tters.	
ARTICLE V  Name and Ti  Address		ECTORS	ectors are elected and appointed: Appt by		
	620 South Meridian Street	Name and Title Address:	620 South Meridian Street	2020 FEB -5 At	
	620 South Meridian Street  Tallahassee, Florida 32399	Address:	620 South Meridian Street  Tallahassee, Florida 32399  Gregory C. Fason - Director	- <del>β</del>	
Name and Ti	620 South Meridian Street  Tallahassee, Florida 32399  Brian G. Smith - Director	Address:  Name and Title	620 South Meridian Street  Tallahassee, Florida 32399  Gregory C. Eason - Director	- <del>β</del>	
Name and Ti Address	Tallahassee, Florida 32399  Brian G. Smith - Director	Address:	620 South Meridian Street  Tallahassee, Florida 32399  Gregory C. Fason - Director	- <del>β</del>	
Address	620 South Meridian Street  Tallahassee, Florida 32399  Brian G. Smith - Director  620 South Meridian Street  Tallahassee, Florida 32399	Address:  Name and Title Address:	620 South Meridian Street  Tallahassee, Florida 32399  Gregory C. Eason - Director  620 South Meridian Street  Tallahassee, Florida 32399	- <del>β</del>	
	620 South Meridian Street  Tallahassee, Florida 32399  Brian G. Smith - Director  620 South Meridian Street  Tallahassee, Florida 32399	Address:  Name and Title	620 South Meridian Street  Tallahassee, Florida 32399  Gregory C. Eason - Director  620 South Meridian Street  Tallahassee, Florida 32399	- <del>β</del>	

Name and T	Richard Wise - Director	Name and Title	Brewster Bevis - Director
Address	620 South Meridian Street	Address:	620 South Meridian Street
	Tallahassee, Florida 32399		Tallahassee, Florida 32399
			<del></del>
Name and T	itle:	Name and Title	: <u> </u>
Address		Address:	
			· · · · · · · · · · · · · · · · · · ·
		<del></del>	
ARTICLE V The <u>name ar</u>	<u>/I REGISTERED AGENT</u> nd Florida street address (P.O. Box NO	T acceptable) of the regi	stered agent is:
Name:	Beth Smith		
Address:	620 South Meridian Street		
	Tallahassee, Florida 32399		
ADTICLE I	ZH INCORDORATOR		·
	vii INCORPORATOR nd address of the Incorporator is:		
Name:	Charles E. Boyd, III		
Address:	620 South Meridian Street		
	Tallahassee, Florida 32399		
	<u> </u>	21.11.22.2	
	te, if other than the date of filing:cive date is listed, the date must be spe	441020 cific and cannot be mo	(OPTIONAL) re than five days prior or 90 days after the filing.)
	date inserted in this block does not mee effective date on the Department of Stat		y filing requirements, this date will not be listed as the
Having beer certificate, I	n-named as registered agent to accept am familiar with and accept the appoint	tment as registered ageni	e above stated corporation at the place designated in this and agree to act in this capacity $2 / 4 / 20$
	Required Signature of Reg	gistered Agent	Date
		ed herein are true. I am a	ware that any false information submitted in a document to 817.155, F.S.
		-	2-4-20 Date
	Required Signature of	of Incorporator	Date